


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/13/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505399	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2013
NAME OF PROVIDER OR SUPPLIER VASHON COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 15333 VASHON HIGHWAY SOUTHWEST VASHON, WA 98070		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On November 13, 2013 an unannounced fire and life safety code recertification survey was conducted at Vashon Community Care Center located at 15333 Vashon Highway SW Vashon Island WA, 98070 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure that is wing of a structure that is used as an Assisted living, the building is separated by a two hour occupancy separation, Exiting is direct to grade from the Skilled nursing wing, the building is protected by a full NFPA 13 fire sprinkler system and automatic smoke detection in the corridors and common areas.</p> <p>The facility has a licensed capacity of 30 residents with a census today of 29.</p> <p>The facility is not in compliance at this time.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p> Deputy State Fire Marshal</p>	K 000		
K 018 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core</p>	K 018	<p>K 018 SS = B</p> <p>1) How the nursing home will correct the deficiency as it relates to the resident:</p> <ul style="list-style-type: none"> The cross corridor fire separation door next to resident room #154 was adjusted by the facility maintenance director in front of the fire marshal and this is documented in the survey findings. <p>2) How the nursing home will act to protect residents in similar situations:</p> <ul style="list-style-type: none"> The Facility maintenance director will audit all fire rated doors in the building to ensure that they are self-closing and latching <p>3) Measures the nursing home will take or systems it will alter to ensure that the problem does not recur:</p> <ul style="list-style-type: none"> Audit of fire rated doors monthly and inclusion on monthly compliance report <p>4) How the nursing home plans to monitor its performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> Report out of audit noted above at monthly Safety Committee meetings. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Acting Director Building Ops.	(X6) DATE 11/20/13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete

DQLZ21

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K 051	<p>Continued From page 2</p> <p>NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on November 13, 2013 from 0945 to 1130 it was observed that the facility failed to maintain the fire alarm control panel, this has the potential for the system to fail in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:</p> <p>1. The fire alarm control panel is past due for the annual confidence test, the last test was conducted on 11/3/2012.</p>	K 051	<p>2) How the nursing home will act to protect residents in similar situations:</p> <ul style="list-style-type: none"> The fire alarm control panel annual confidence test had been scheduled for November 22nd prior to the survey and will occur on November 22nd, 2013 <p>3) Measures the nursing home will take or systems it will alter to ensure that the problem does not recur:</p> <ul style="list-style-type: none"> Review of citation with Evergreen with reinforcement of need for this to happen within 364 days of the last confidence test. Annual Facility Maintenance calendar/plan to include calling Evergreen in September of 2014 to schedule confidence test. Annual plans thereafter to include setting calendar date to call Evergreen for scheduling confidence test before day 364. <p>4) How the nursing home plans to monitor its performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> Report to nursing home administrator date of confidence testing month before it is due. <p>5) Dates when corrective action will be completed:</p> <p>November 25, 2013</p> <p>6) The title of the person responsible to ensure correction:</p> <p>_____, RN, Acting Director of Building Operations, VCC.</p>		<p>11/25/13</p>